

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) | | | | Gina P | owers, | Glenn | Wallace |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|--------------------------------------------------|------------------|---------------|------------------|---------|
| Richard Parsons, David McKillop II. Name of lobbyist's partnership, firm or corporation, if any: | | | | | | | |
| Rath, Young an (Name of | nd Pignatelli, of partnership, firm or corp | | | | | | |
| One Capital Pl Business Address: (Street | | Concord (Town/City) | | NH state) | (Zi | 03301 p Code) | |
| (603 226-2600 (Telephone) | (603)_ | 226-2700 (Fax) | e-mail | dgc@ra | thlaw.c | com | |
| III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). | | | | | | | |
| ☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client: | | | | | | | |
| North Country Healthcare (formerly North Country Hospital Coalition) (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are | | | | | | | |
| ☐ All reportable transac unrelated to any particular | • | cluding the lobbyi | ist's family), or t | he lobbying | firm listed l | below whic | h are |
| IV. Date of Report April 26, 2017 April 26, 2017 Coctober 25, 2017 | | to 3/31/17 | July 26, 20 activity from 4/1/1 January 31 | 17 to 6/30/17 | | | |
| | tivity from 7/1/17 to 9/30/1 | 17 | activity from 10/1 | | 17 | | |
| V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. | | | | | | | |
| | fees or made expenditu | | | | | | |
| ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contributions | | | | | | | |
| ☐ If you, your firm, or | your family has made p | olitical contribution | ons, you must file | e Addendui | m C– Politic | cal Contrib | utions |
| Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best | A 15-B, RSA 14-C and I | RSA 664 and here elief. | by swear or affir | m that the fo | oregoing inf | formation is | s true |
| (Signature of lobbyist) | Whan | | April 26 | 5, 2017 (Date | e) RE | ECEI | VED |
| David G. Coll: (Print Name of lobbyist) | | | | | ļ | APR 2 6 | 2017 |

NEW HAMPSHIRE DEPARTMENT OF STATE